

## Volunteer Application Form

### Personal Information

Contact Information	
First Name	
Surname	
Address	
Post code	.
Home Telephone	
Mobile Telephone	
E-mail address	
Date of Birth	

### Please tell what you doing at the present

Present Activity	Where this is undertaken:
Full Time Education	
Part Time Work	
Full Time Work	
Unemployed	
Other Voluntary Work	

### If working please describe the type of work that you are doing

----------------------

### If you have had previous employment please describe the job titles and the roles you had

----------------------

**Volunteering Services**

**We have an expectation that you will be able to give at least 8 hours of your time over a four week period for a minimum of 6 months  
 Please indicate what times you will usually be available.**

Day (s)	AM	PM	Day (s)	AM	PM
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday					

Please indicate what area you are interested in: (Please tick)			
Reception / Help Desk		Wards (Intermediate Care)	
Administration		Patient Care	
Outpatients		Other (Please Specify)	
Porters		Coffee Shop	

DISABILITY DISCRIMINATION ACT 1995
Under the terms of the act a disability is defined as a 'physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day to day activities'. Do you consider yourself to have a disability?
YES/NO
If Yes please give details:
Please describe any measures or reasonable adjustment which you feel should be made to assist you in your application for this volunteer attachment:

**References:**

Please provide the name and address of two references. These referees **must be a professional person who has known you for more than three years**. (They must not be friends or members of your family)

Volunteering Services

First Referee	Second Referee
Name: .....	Name: .....
Address: ..... ..... ..... .....	Address: ..... ..... ..... .....
Occupation:	Occupation:
Telephone: ..... Mobile: ..... Email Address: .....	Telephone: ..... Mobile: ..... Email Address: .....
Relationship	Relationship
Has this person known you for more than 3 years <b>YES/NO</b>	Has this person known you for more than 3 years <b>YES/NO</b>

Do we have permission to contact the above Referees and ask for References **YES/NO**

**Rehabilitation of Offenders Declaration**

Due to the nature of the volunteering activity for which you are applying, the Rehabilitation of Offenders Act does not apply. The Trust has the right to obtain all relevant information including details of criminal convictions. You are not entitled to withhold information about convictions, cautions or bind-over orders no matter how long and how far back they date. Failure to disclose would result in the termination of voluntary placement. Your answer will

Volunteering Services

be treated in the strictest of confidence. Having a criminal record does not necessarily prevent you from doing voluntary work

Have you been convicted of a criminal offence?

**Yes/No**

**If YES, please give details:**

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to Race, Color, Religion, National Origin, Gender, Sexual Preference, Age, or Disability. Please complete the attached Diversity Monitoring Form.

**Volunteer Database**

We hold a database of Volunteers where we record the information you have supplied from this application. This is exempt from registration under the Data Protection Act, provided you do not object to these records being kept.

Do you agree to these records being kept?

**Yes/No**

**Person to Notify in Case of Emergency**

<b>Name:</b>	
<b>Address:</b>	
<b>Post Code:</b>	
<b>Home Phone:</b>	
<b>Work Phone:</b>	

**Your Statement**

Where this form has been completed jointly by Volunteer Services and myself, I confirm that I

**Volunteering Services**

have read it through and agree that it reflects accurately our discussions and my answers to questions outlined above.

I have received a copy of the completed form:

**Applicant**

Signature.....Date.....

**Volunteer Services Manager**

Signature.....Date.....

---

I understand that a placement if offered is subject to a Police Check.

I understand that in the event of any of this information being incorrect it may result in the termination of my voluntary placement.

**Applicants**

**Signature**.....Date.....

**Volunteering Monitoring Form**

Gender \_\_\_\_\_

Do you currently live in the gender you were assigned at birth?     Yes     No

**Ethnicity**  
Please tick as appropriate to identify your ethnic group:

- White:     British
  - Other     White Background
  - Mixed:     White & Black Caribbean
  - White & Asian Other Mixed Background
  - Irish
  - White and Black African
- 
- Asian / Asian British:     Indian
  - Bangladeshi
  - Black / Black British:     African
  - Pakistani
  - Other Asian Background
  - Caribbean

Volunteering Services

- Other Ethnic Groups:  Other Black Background  Chinese  Other Ethnic Group
- Not Stated:  Not Declared

To ensure that we reflect the communities that we serve, please consider completing the following:

**Religion** \_\_\_\_\_

**Sexual Orientation**

- Lesbian
- Gay
- Bisexual
- Heterosexual
- Other

Volunteering Services

**Any other relevant information to be included within your application:**

